

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

35981

State File No. _____

No. 300

10-45 FILED OCT 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>291</u>		PRIMARY REG. DIST. NO. <u>5992</u>		Registrar's No. <u>67</u>	
1. PLACE OF DEATH a. COUNTY <u>POTNAM</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>POTNAM</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LINCOLN TOWNSHIP</u>			c. LENGTH OF STAY (In this place) <u>6 YEARS</u>			c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL LINCOLN TOWNSHIP</u> 0260 A	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>UNIONVILLE R.F.D.</u>			
3. NAME OF DECEASED (Type or Print)		a. (First)		b. (Middle)		c. (Last)	
		<u>THOMAS</u>		<u>ALBERT</u>		<u>BUNNELL</u>	
5. SEX <u>MALE</u> <u>0</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 30 1874</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>6</u>		IF UNDER 1 YEAR Days <u>2</u>		IF UNDER 1 YEAR Hours <u>2</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM TENANT</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>SCOTLAND COUNTY MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13a. FATHER'S NAME <u>DAVID CHARLES BUNNELL</u>				13b. MOTHER'S MAIDEN NAME <u>SARAH ANN BELTON</u>		14. NAME OF HUSBAND OR WIFE <u>ELLEN BUNNELL</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>				16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS ELLEN BUNNELL UNIONVILLE, MO. R.R. 4</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardio-vascular 1952</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>C</u>					INTERVAL BETWEEN ONSET AND DEATH <u>?</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>C</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>C</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>C</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>C</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>C</u>			
22. I hereby certify that I attended the deceased from <u>Aug 7, 1952</u> , to <u>OCT. 7, 1952</u> that I last saw the deceased alive on <u>OCT. 7, 1952</u> , and that death occurred at <u>8:30 P.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>J.W. Gillum</u>				23b. ADDRESS <u>Unionville, Mo</u>		23c. DATE SIGNED <u>10-4-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT. 6 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BURNETT CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>Unionville, MO</u>	
DATE REC'D BY LOCAL REG. <u>10-25-52</u>		REGISTRAR'S SIGNATURE <u>Marvell Durbin</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>COMSTOCK FUNERAL HOME</u>		ADDRESS <u>UNIONVILLE, MO.</u>	

(Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

James W. Cornatock

Licensed Embalmer No. *4197*

P. O. Address *Unionville, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.